## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURT					_		
DOCUMENT # L03000010483					FILED		
<ol> <li>Entity Name</li> </ol>	9						
BELLA VI	STA, LLC			05 FEB 14 PH 1:11			
				TEL	10156	14 PM 1	
Principal Place of Business Mailing Address					SECRET	40.	
	JINAM AVENUE	P.O. BOX 4961			TALLAHASSO OF STATE		
GREENWICH,		ORLANDO, FL 32801			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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2. Principal P	ace of Business	3. Mailing Address					
	ine Centrel, 580 villages	1 2 1		1/			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1	02092005 Chg-LLC	CR2E083 (10/03)	
Ste. 1	20			1			<del></del>
City & State West Palm Beach, FL		City & State	/	1	4. FEI Number 06-1684640	<del></del>	plied For t Applicable
Zip	Country	Zip	Country	<del>!                                    </del>		\$5.00 Add	
3340					5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New F	Registered Agent	
Name						•	İ
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE SUITE 1100			Street	Street Address (P.O. Box Number is Not Acceptable)			
	, FL 32801						
			City			FL Zip Code	∍
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or register	red agent, or both, in the State of Fi	orida. I am familiar with,	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTI	E: Registered Agent sign	ature required	d when reinstating)	DATE	
E1	ling Eoo is \$50.00				Mal	re check payable to	
Filing Fee is \$50.00 Due by May 1, 2005					Florid	a Department of State	,
	·						* , <i>&gt;</i>
9.	MANAGING MEMBER		10.	_	ADDITIONS		
TITLE NAME	MGRM TRG GP LLC	Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS				,			
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	•••	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				j
STREET AOORESS CITY-ST-ZIP			STREET ADORES	<sup>5</sup>			
			CITY-ST-ZIP		<del></del>	П 05	T Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	s			j
CITY-ST-ZIP			CITY-ST-ZIP				
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STREET AOORESS			STREET ADDRES	\$	000047 02/22/050100	S805 ** <b>5</b> 0.	00 [
CITY-SF-ZIP		F-1	CITY-ST-ZIP				Addition
TITLE .		☐ Delete	TITLE NAMÉ	ł		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRES	s			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<del>-</del>	☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY+ST-ZIP			STREET ADDRES	s ]			
	Legifu that the information acception with	the dina done not over!!	CITY-ST-ZIP	totod in Ci	notion 110 07/3VD. Florida Statutos	I further certify that the in	aformation
11. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that thy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusteplemnewered to execute this report as required by Chapter 608, Florida Statutes.							
limited liability company or the receiver or trustellating wered to execute this report as required by Chapter 608, Florida Statutes.  By: TRG 6P, LUCI Lits Sple member							
2/10/05 2028/2-0007							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OIL SEPANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprine Proces							
L	SIGNATURE AND TYPED OR PRINTED NAME OF	DESTRUMENTAL MANAGING MEMBER, MA	IRAGEH, UH AUTHORE	LED REPRES	EASAUTE Date	Dayama Phone #	

Kristin M. Willer, President